

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004029

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

389

STATE FILE NUMBER

FILED JAN 17 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MO.Length of stay in 1b
7 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR ST. LOUIS CITY HOSP. #1
INSTITUTIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

ST. LOUIS

d. STREET
ADDRESS

(If outside, give location)

1748 Carr Drive

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

SAMIE

Middle

RIDGELL

4. DATE
OF
DEATH

Month

1

Day

10

Year

63

5. SEX

Female

6. COLOR OR RACE

Col

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-20-1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

2 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Little Rock, Ark.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Sam Devorce

13b. MOTHER'S MAIDEN NAME

Ella Brown

14. NAME OF HUSBAND OR WIFE

Enoch Ridgell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or date)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Enoch Ridgell 1748 Carr Drive

Address

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive heart failure

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b), arteriosclerotic heart disease

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

chronic renal disease

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-27-62 to 1-10-63 and last saw her alive on 1-10-63
Death occurred at 7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. E. Cozart MD

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

1-10-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

1-16-1963

23c. NAME OF CEMETERY OR CREMATORY

National

23d. LOCATION (City, town, or county)

Jefferson Brarracks

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

JAS. H. RANDLE & SON

3133 Bell Ave.

25. DATE RECD. BY LOCAL REG.

JAN 14 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ether N. Harris

Licensed Embalmer No.

4458

P. O. Address

4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.